

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1995-63-008300
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

FILED FEB 28 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Community Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY

c. CITY
OR
TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS **4129 Enright**

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Charity

Beasley

4. DATE OF DEATH

Month **February** Day **19** Year **1963**

5. SEX

Female

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/22/1893

9. AGE (last birthday)

69

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lare, Miss. U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Henry Agee

13b. MOTHER'S MAIDEN NAME

Susanna

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Josephine St. John 4129 Enright

18. CAUSE OF DEATH (Enter only one cause)
PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Chronic Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

DUE TO (b)

Myocardial Infarction

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

Rheumatism of Arteries

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

443X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2/12/63** to **2/19/63** and last saw her alive on **2/19/63**
Death occurred at **11:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

3000 E. Easton

22c. DATE SIGNED

2/20/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2/25/63

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery St. Louis County, Mo.

23d. LOCATION (City, town, or county)

24. FUNERAL DIRECTOR

5010

ADDRESS

Enright

25. DATE RECD. BY LOCAL REG.

FEB 23 1963

26. REGISTRAR'S SIGNATURE

Lead Smith, M.D.

Metropolitan Funeral System

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

2

2/19

2

3

2

2

1

2

1

2

1

2

1

2

1

2

1

2

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2

1

USE BLACK INK
OR
TYPEWRITER RIBBON

ITEM NO.

SHOULD READ

1

2

1

2

1

2

1

2

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.